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Congress of the United States
House of Representatives

Juan Vargas
51st District, California

April 20, 2018

COMMITTEE ON FINANCIAL SERVICES
CAPITAL MARKETS, SECURITIES, AND INVESTMENT
MONETARY POLICY AND TRADE
TERRORISM AND ILLICIT FINANCE

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The Honorable Kirstjen Nielsen
Secretary of Homeland Security
U.S. Department of Homeland Security
1300 Pennsylvania Ave. NW
Washington D.C. 20528

**RE: The Detention and Treatment of Pregnant Immigrants by the
Department of Homeland Security**

Dear Secretary Nielsen:

Please find enclosed a copy of three letters, two from Members of Congress dated October 17, 2017 and October 31, 2017, and a complaint letter from seven organizations dated September 13, 2017 regarding U.S. Immigration and Customs Enforcement's (ICE) Detention and Treatment of Pregnant Women.

We write again to express our grave concerns over the health and treatment of pregnant women in ICE custody and the recent policy change to detain pregnant women that was announced on Thursday, March 29, 2018. Under this policy change, titled "ICE Directive 11032.3: Identification and Monitoring of Pregnant Detainees," ICE has ended the presumption of release for all pregnant detainees and stated that pregnant women will be released on a case-by-case basis. It is particularly troubling that ICE implemented a policy shift with tremendous potential health implications for pregnant detainees three and half months ago without informing Congress.

As you are aware, ICE's previous policy generally favored releasing pregnant women from detention, while also providing exemptions for women facing mandatory detention or deemed security threats. Members of Congress previously submitted letters to your predecessor at the Department of Homeland Security (DHS) expressing our deep concerns over the increased rates of detention of pregnant women, and the numerous reported cases of mistreatment, medical neglect, and miscarriages in ICE detention centers. In addition, clarification of the Administration's policy was also requested. The documented cases referenced were officially submitted by several organizations to the DHS Office for Civil Rights and Civil Liberties and the Inspector General on September 26, 2017. This letter focused on "ICE's failure to abide by its own policy against detaining pregnant women, the detention conditions that have been reported by pregnant women in various detention facilities across the country, and the lack of

quality medical care provided to women who are pregnant or have suffered miscarriages while in custody.”

According to media reports, since this new policy has been in place, immigration authorities have detained 506 pregnant women. Given the numerous complaints that have been registered and the apparent difficulty that ICE facilities have providing dignified and proper health care to these mothers-to-be, we are requesting your immediate attention and response to the questions that were asked in the previous letters Congress submitted, as well as responses to the following questions below:


1. What is the total number of pregnant women that have been in U.S. Customs and Border Protection (CBP) or ICE custody from the time the new ICE Directive 11032.3 went into effect on December 14, 2017 to the date of your agency’s response to this inquiry?
 - a. Of the total number of pregnant detainees, how many are still in detention awaiting removal or because they were deemed a flight risk or a danger to the community?
 - b. Of these, how many have a criminal record? Please provide a list of the crimes they have been convicted of.
2. Have there been any changes in ICE Health Service Corps policies or staffing regarding the care of pregnant detainees given the increase in this population? If so, what policies have been changed?
3. How often are obstetrician-gynecologists (OB-GYN) being consulted in pregnant detainees’ incarceration and care?
4. What systems are in place to facilitate follow-up care with necessary medical professionals or the transfer of a pregnant woman to a different facility with access to proper follow-up medical treatment?
5. How often are pregnant women provided with the necessary medication and pre-natal supplements through their detention? Does this come at a cost to the detainees?
6. If a pregnant woman in detention experiences health complications and has concerns about her pregnancy, how quickly is her medical request addressed and how quickly is she able to see a doctor or OB-GYN?
7. Are pregnant women being asked to do arduous tasks as part of their daily routine or for income? If so, how often do these women performed these tasks?
8. Are any of these women in their third trimester? If so, how many are there and are they being released pending a hearing on their case?
9. Are any of these women facing high risk pregnancies? If so, how many?

We fear that your failure to address these concerns and the lack of transparency by this Administration has led to extremely dangerous conditions for pregnant women in ICE and CBP detention centers that jeopardize the health and well-being of both mother and child.

Again, we would like to reiterate that we find this policy change deeply concerning and your agency’s lack of notification of an important policy change is absolutely unacceptable. We require your immediate attention to this situation.

Thank you for your attention to this urgent matter and we look forward to a thorough, detailed and prompt response.

Sincerely,


JUAN VARGAS
Member of Congress
Nanette Diaz Barragan

NANETTE DIAZ BARRAGÁN
Member of Congress



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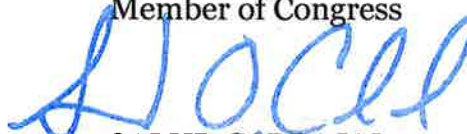

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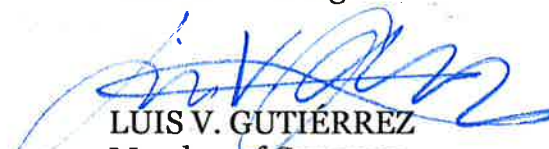

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Enclosures: (3)